

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION:**

SOAH DOCKET NO. 453-04-2304.M5

MDR Tracking Number: M5-04-0496-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on October 16, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity for therapeutic procedures, physical therapy manual traction, myofascial release, office visits, physical medicine treatment and special reports. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. (Requestor withdrew fee issues for dates of service 04/08/03, 07/08/03, 07/18/03, 07/23/03, 07/24/03, and 07/25/03) The respondent raised no other reasons for denying reimbursement of therapeutic procedures, physical therapy manual traction, myofascial release, office visits, physical medicine treatment and special reports.

This Findings and Decision is hereby issued this 9th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
GR/gr

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 02-04-03 through 07-15-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 9th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/gr

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-0496-01

November 26, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

A 57-year-old Hispanic female was lifting, pushing and pulling a very heavy box while at work when she lost her balance, swing backwards and injured her lower back. After conservative trial, she eventually underwent spinal fusion surgery at L4-5 to stabilize the spondylolisthesis and intervertebral disc. She then received post-surgical rehab and procedures from the doctor of chiropractic and was deemed MMI roughly 7 months later with a 20% whole-person impairment (by the treating doctor).

REQUESTED SERVICE (S)

Therapeutic procedures, physical therapy manual traction, myofascial release, office visits, physical medicine treatment and special reports from dates of service 2/4/03 through 7/25/03.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

The documentation submitted substantiates the need for physical therapy in the manner prescribed and utilized. The diagnosis rendered is also consistent with the injury, and the flare-up that occurred in ____ is well documented, as was the care that was subsequently provided.